

OFFICE USE ONLY
Log No. **61464**
Permit No. **212**
Basin **212**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **17683**

1. OWNER **Maeda Llyand**
MAILING ADDRESS **1100 E. COLTON**
NORTH LAS VEGAS NV

ADDRESS AT WELL LOCATION: **1100 E. COLTON AVE.**
NORTH LAS VEGAS NV

2. LOCATION **NW 1/4 SE 1/4 Sec 11 T 20 N R 61 F CLARK**
PERMIT NO. **HO-8383** **139-11-303-011**
Issued by Water Resources Parcel No. Subdivision Name

CLARK County

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Deepen
 Recondition
 Other
 Domestic
 Municipal/Industrial
 Test
 Monitor
 Stock
 Cable
 Rotary
 Other: **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
FILL		0	3	3
INTERBEDDED SILTY SAND + SANDY CLAY		3	65	62

8. WELL CONSTRUCTION
 Depth Drilled: **65** Feet
 Depth Cased: **65** Feet
 HOLE DIAMETER (BIT SIZE)
 From: **8** Inches
 To: **0** Feet
 From: **65** Feet
 To: **65** Feet
 Inches: _____ Feet: _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	1.9	0.237	0	65

Perforations:
 Type perforation **Factory slot**
 Size perforation **0.020**
 From: **45** feet to **65** feet
 From: _____ feet to _____ feet
 From: _____ feet to _____ feet
 From: _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal: **0.40/40.43 BENTONITE**
 Placement Method: Pumped Cement Grout
 Concrete GROUT
 Gravel Packed: **43** Yes No
 From: _____ feet to **65** feet

9. WATER LEVEL
 Static water level: _____ feet below land surface
 Artesian flow: _____ G.P.M. P.S.I.
 Water temperature: _____ °F Quality: _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name: **THOMAS HIGHT**
 Address: **731 PILOT RD Ste H**
 Contractor: **LAS VEGAS NV 89119**

Nevada contractor's license number issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources: **11869**
 Signed: _____
 Date: **2-11-97**
 by driller performing actual drilling on site or contractor

7. WELL TEST DATA
 TEST METHOD: Bailor Pump Air Lift
 G.P.M. (Feet Below Static) Time (Hours)

Date started: **December 9** 19**96**
 Date completed: **December 9** 19**96**